



2025



Sterile Processing State of the Industry Report



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PROCESSING

1.0 CE
HSPA

ABOUT THIS REPORT

Pure Processing's annual industry surveys offer important insights into departments across the country and give reprocessing professionals a window into the challenges their peers are facing in other facilities. We want to thank all of our participants for taking the time to answer questions, provide feedback, and make suggestions about the sterile processing industry. Your voice matters, and we're excited to amplify your message in this report!

The 2025 Sterile Processing State of the Industry Report is an annual report built on the results of our yearly survey. This 100% anonymous survey gives those in sterile processing a platform to share their experiences, concerns, challenges, and the trends they're seeing on an annual basis. This year's survey had 732 participants from throughout the United States.

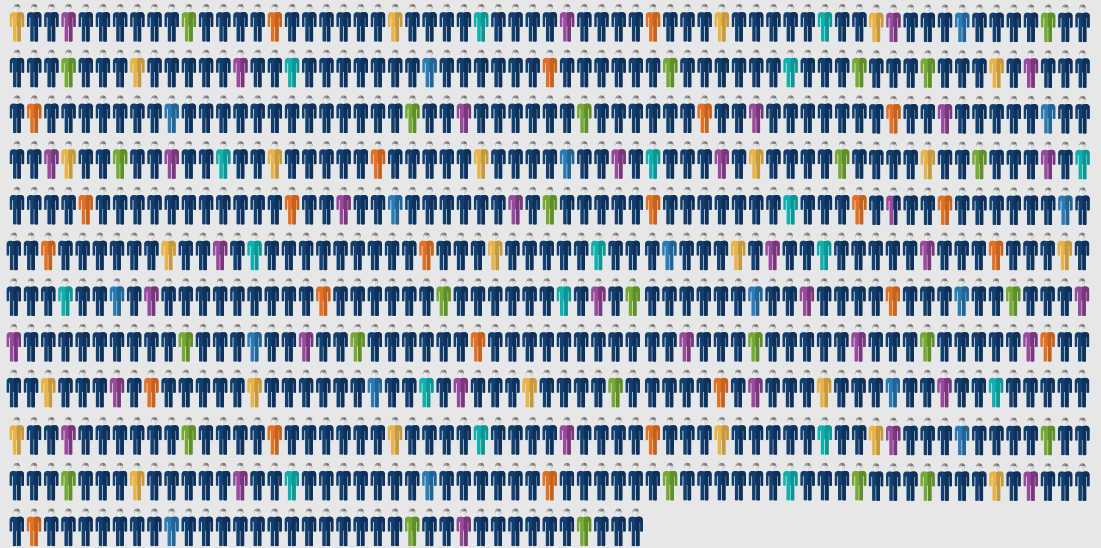
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About the participants

732

Total participants



NUMBER OF DEPARTMENTS WORKED IN

0

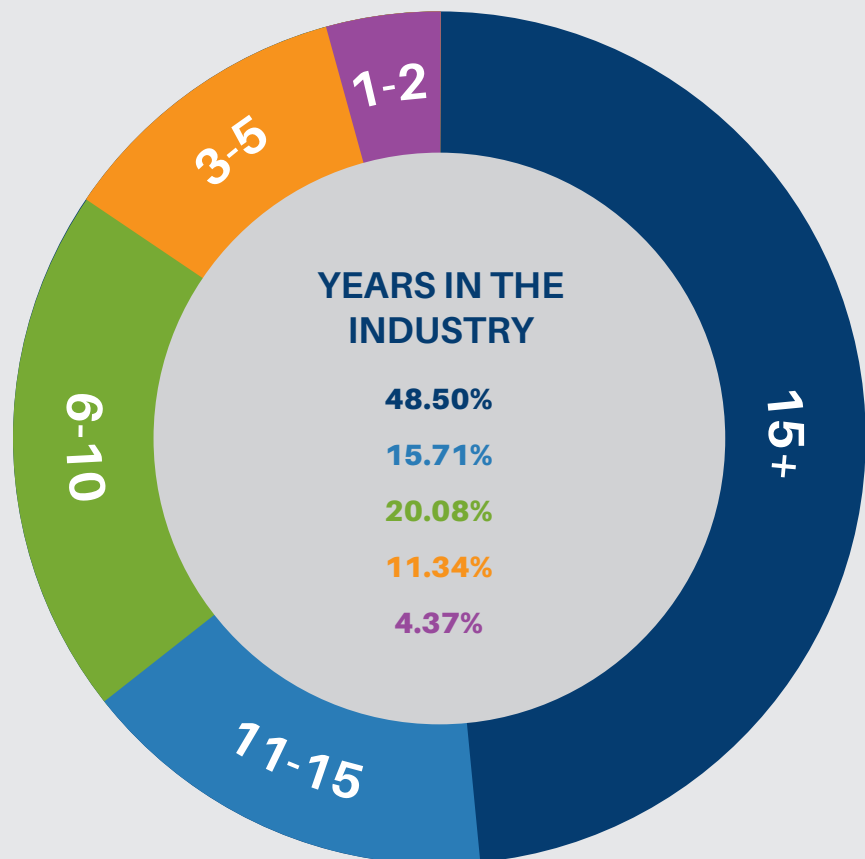
Fewest

5.5

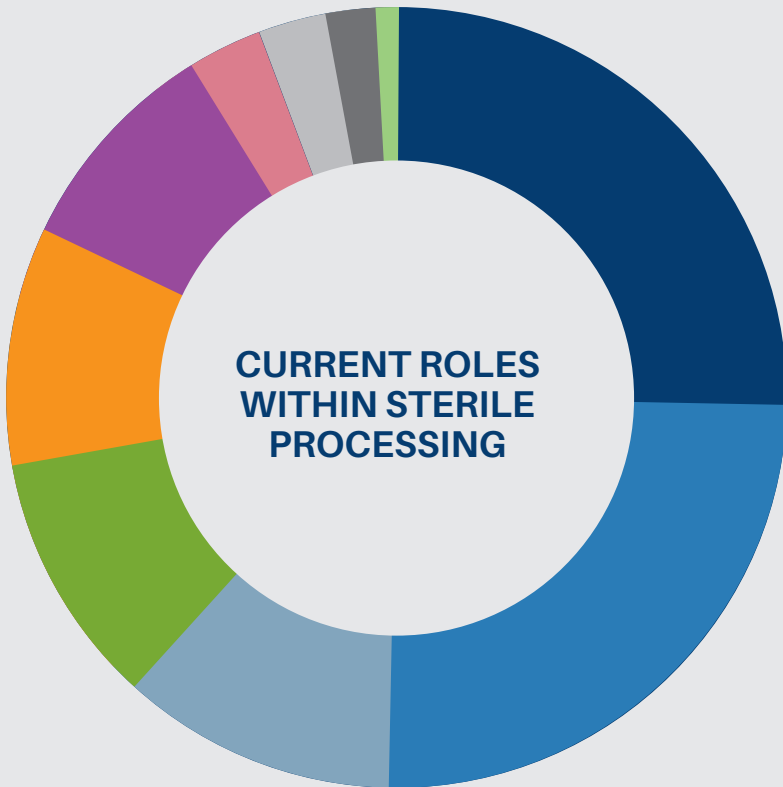
Average

25+

Most



About the participants



- 25.00%** Technician
- 24.32%** Manager
- 10.93%** Supervisor
- 10.25%** Lead Tech
- 9.56%** Educator
- 9.02%** Director or Chief
- 5.33%** Coordinator
- 2.87%** Other
- 1.91%** Quality Management
- 0.82%** Infection Prevention

Other roles represented:

- Surgical Technologist
- SPD Consultant
- Dental Supervisor
- Inventory Control Analyst
- Nurse
- Retired SPD Pro
- RN Team Lead
- Robotics Program Manager
- SPD Process & Data Specialist
- VP of Nursing & Clinical Services

GI EXPERIENCE: RIGHT DOWN THE MIDDLE

49.38%

of participants had experience within a GI department

50.62%

of participants had not worked in GI previously



About the participants

It takes time and experience to build a career in any field, and the same goes for sterile processing! Here's a few data points about positions in SPD and the experience reported by each.

DIRECTOR OR CHIEFS

8.42

Average # of departments worked in

61.29%

% with 15+ years of experience in SPD

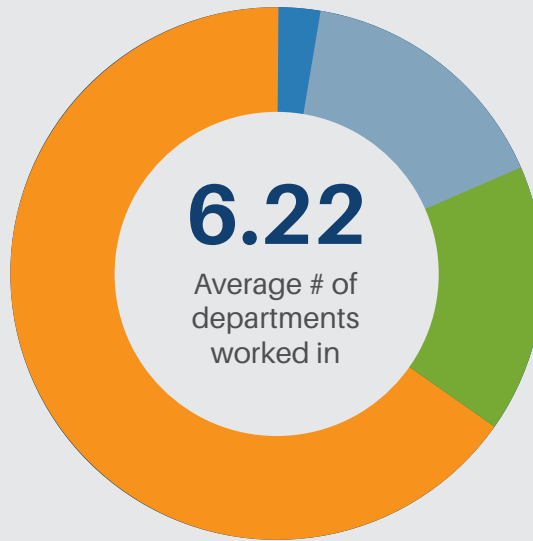
88.71%

% with 11+ years of experience in SPD

EDUCATORS

7.38

Average # of departments worked in



MANAGERS

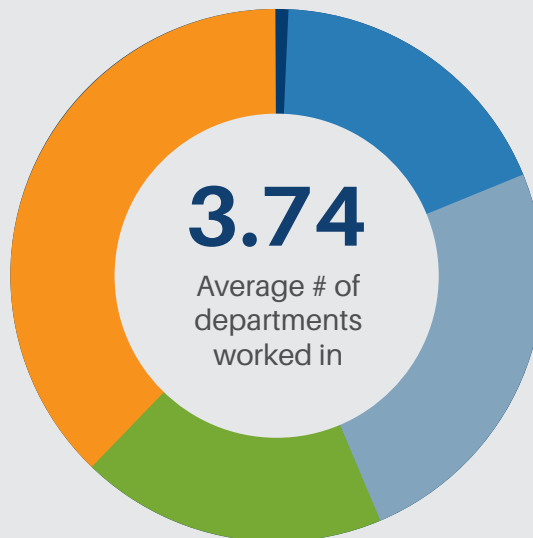
- 0%** 1-2 years
- 3.43%** 3-5 years
- 15.43%** 6-10 years
- 17.14%** 11-15 years
- 64.00%** 15+ years

GI Experience?

- 49.71%** Yes
- 50.29%** No



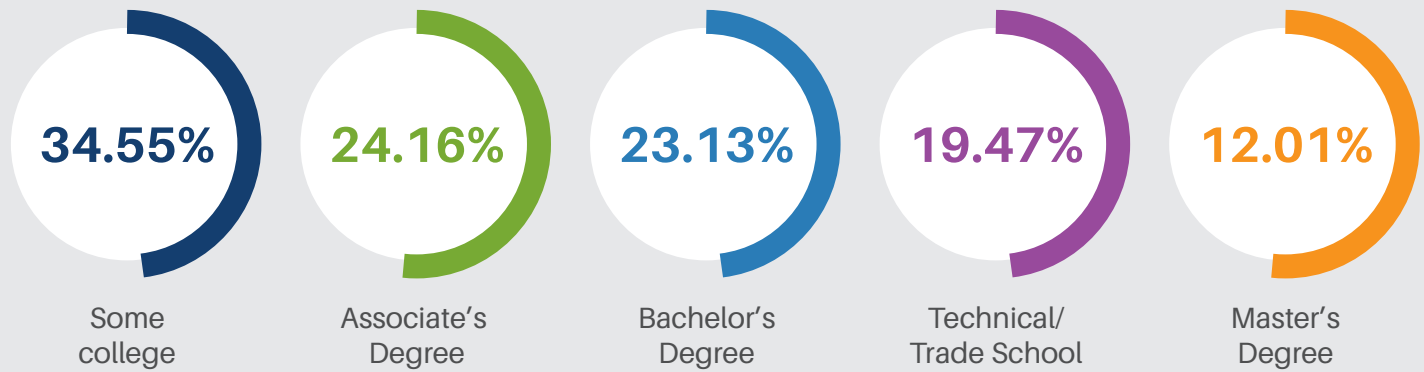
LEAD TECHS



- 1.35%** 1-2 years
- 17.57%** 3-5 years
- 28.38%** 6-10 years
- 16.22%** 11-15 years
- 36.49%** 15+ years

About the participants

HIGHER EDUCATION



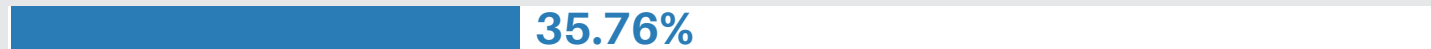
Responses under the "Other: 6.15%" category included: Doctorate, Military schooling, CSS program completion, Certificate of Completion for Sterile Processing (WCCCD), Academy of Health Sciences program completion

CERTIFICATIONS

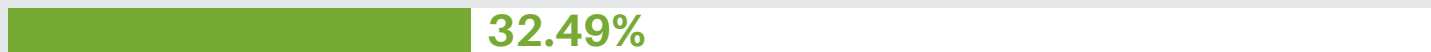
Certified Registered Central Service Technician (CRCST)



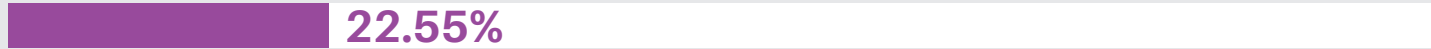
Certified Healthcare Leader (CHL)



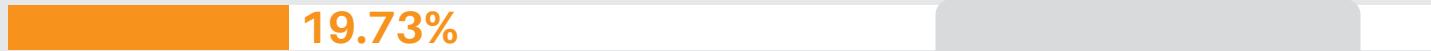
Certified Instrument Specialist (CIS)



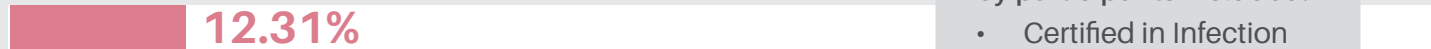
Certified Endoscope Reprocessor (CER)



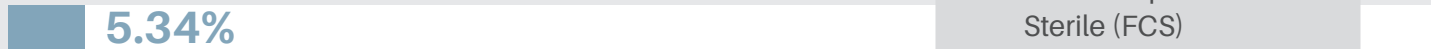
Certified Sterile Processing & Distribution Technician (CBSPD)



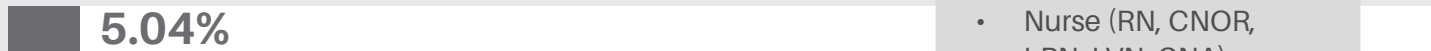
Certified Surgical Technologist (CST)



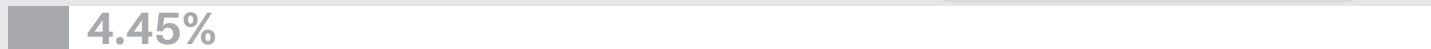
Certified Sterile Processing Management (CSPM)



Certified Flexible Endoscope Reprocessor (CFER)



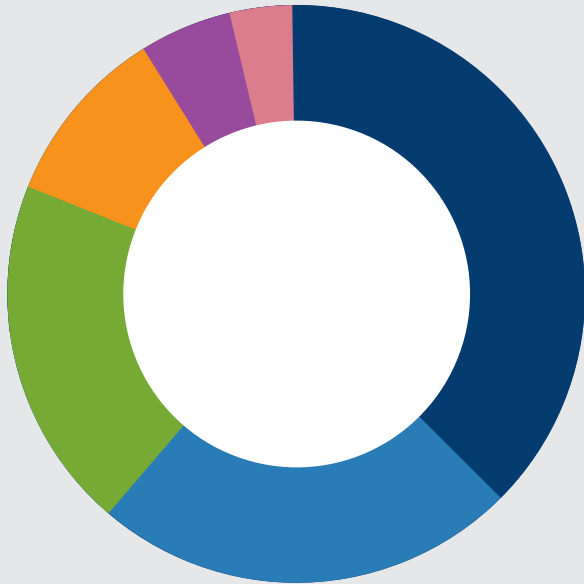
Surgical Instrument Specialist (CBSPD)



Other certifications held by participants included:

- Certified in Infection Control (CIC)
- Fellowship of Central Sterile (FCS)
- Project Management Professional (PMP)
- Nurse (RN, CNOR, LPN, LVN, CNA)

Getting into Sterile Processing



- 32.38%** Found open position without prior knowledge of SPD
- 28.83%** Moved from another department in the hospital/facility
- 19.81%** Referred by a friend or colleague
- 10.25%** Pursued education at a university/college with the intent of starting a career in SPD
- 5.19%** Related experience through armed services
- 3.55%** Job fair or similar

No prior knowledge of SPD

32.38%

of respondents indicated that they had no prior knowledge of SPD before applying to an open position, the largest individual grouping. This means that branching out and looking for new talent outside of healthcare still makes a lot of sense.

Using professional networks

60.00%

of participants got into SPD by moving from another area in the hospital/facility, via referral, or by deliberately pursuing an SPD career. Those looking to grow their teams would be likely to benefit from accompanying external hiring efforts with use their own personal and professional networks to fill roles.

HOW DID THEY BEGIN THEIR SPD JOURNEY?

DIRECTORS & CHIEFS

SPD MANAGERS

Found open position without prior knowledge of SPD	25.81%	33.14%
Moved from another department in the hospital/facility	37.10%	27.43%
Referred by a friend or colleague	8.06%	23.43%
Pursued education at a university/college with the intent of starting a career in SPD	6.45%	5.71%
Related experience through armed services	5.19%	8.00%
Job fair or similar	6.45%	2.29%

What do SPD professionals enjoy most about working in sterile processing?

We asked survey respondents to explain what they enjoy most about working in sterile processing and provided a text box for free response. Those responses were then analyzed to identify common themes and trends.



27.9% HELPING PATIENTS / MAKING A DIFFERENCE

Many respondents highlighted the impact their work has on patient outcomes and the sense of contributing to patient care, with many recognizing that their loved ones rely on SPD professionals at other hospitals during surgery.



14.4% CONTRIBUTION TO SURGERY / PATIENT SAFETY

Emphasis on ensuring safe surgical outcomes and playing a vital role in operating room success; being part of a larger healthcare team in the name of keeping patients safe.



12.0% HANDS-ON / TECHNICAL WORK

Enjoyment of working with instruments, sterilization equipment, and operating within technical processes.



7.7% TEAMWORK / COWORKERS

Appreciation for their teams and the people they work with each day. In particular, teams that offer support and seek to help one another.



7.4% LEARNING / CONTINUOUS EDUCATION

Value placed on ongoing learning, skill-building, and education opportunities.



6.6% SENSE OF PURPOSE / PRIDE

Passion for the role, pride in the profession, job satisfaction, and a shared sense of purpose among those they work with.



4.9% JOB STABILITY / SECURITY

Recognition of the field's steady demand and job reliability.

Problems in sterile processing



71.11%

Pay & Benefits



51.80%

Space



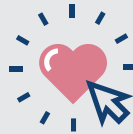
41.62%

Equipment



40.72%

Training & Education



32.04%

Work Culture



25.15%

Management



14.97%

Compliance



12.43%

Visual Inspection & Cleaning Verification



10.18%

Ergonomics

INSIGHTS FROM 'SOMETHING ELSE' RESPONSES:

4.8% Staffing shortages, turnover & retention

Chronic under-resourcing is the root cause behind many downstream issues (training gaps, rushed work, rework, burnout). Participants indicated that tackling turnover and retention challenges won't happen until this is addressed.

4.8% Industry standards & external understanding gaps

Participants noted that some external consulting groups don't understand SPD well, there is a lack of unified guidance on an industry-wide level, and there are inconsistent expectations placed on SPD.

> 1% Resource gaps & lack of instruments

Communication & cross-department coordination

Management, compliance, & asset/loaner management

Easy problems to solve

28%



WORKPLACE CULTURE & PROFESSIONAL RESPECT

Many respondents highlighted the impact their work has on patient outcomes and the sense of contributing to patient care, with many recognizing that their loved ones rely on SPD professionals at other hospitals during surgery.

22%



TRAINING & EDUCATION

Calls for basic training, refreshers, competency validation, and scheduled in-services. People see this as low-hanging fruit that reduces errors and rework.

21%



PAY & BENEFITS

Many respondents literally wrote "Pay," "Better pay," or "PAY!!!" This shows a widespread belief that compensation fixes are obvious/overdue and would unlock retention, morale, and performance, even if they're not "operationally easy."

12%



EQUIPMENT & PREVENTIVE MAINTENANCE

Responses such as "Replace aged equipment," or "have the proper tools to do the job" indicate that SPD teams see downtime and worn assets as a solvable drag on throughput, quality, and efficiency.

12%



COMMUNICATION, TEAMWORK & MANAGEMENT SUPPORT

Short, pointed responses about communication gaps and management follow-through. Respondents viewed things like better huddles, clearer priorities, and timely responses as easy wins.

5%



COMPLIANCE & STANDARDS

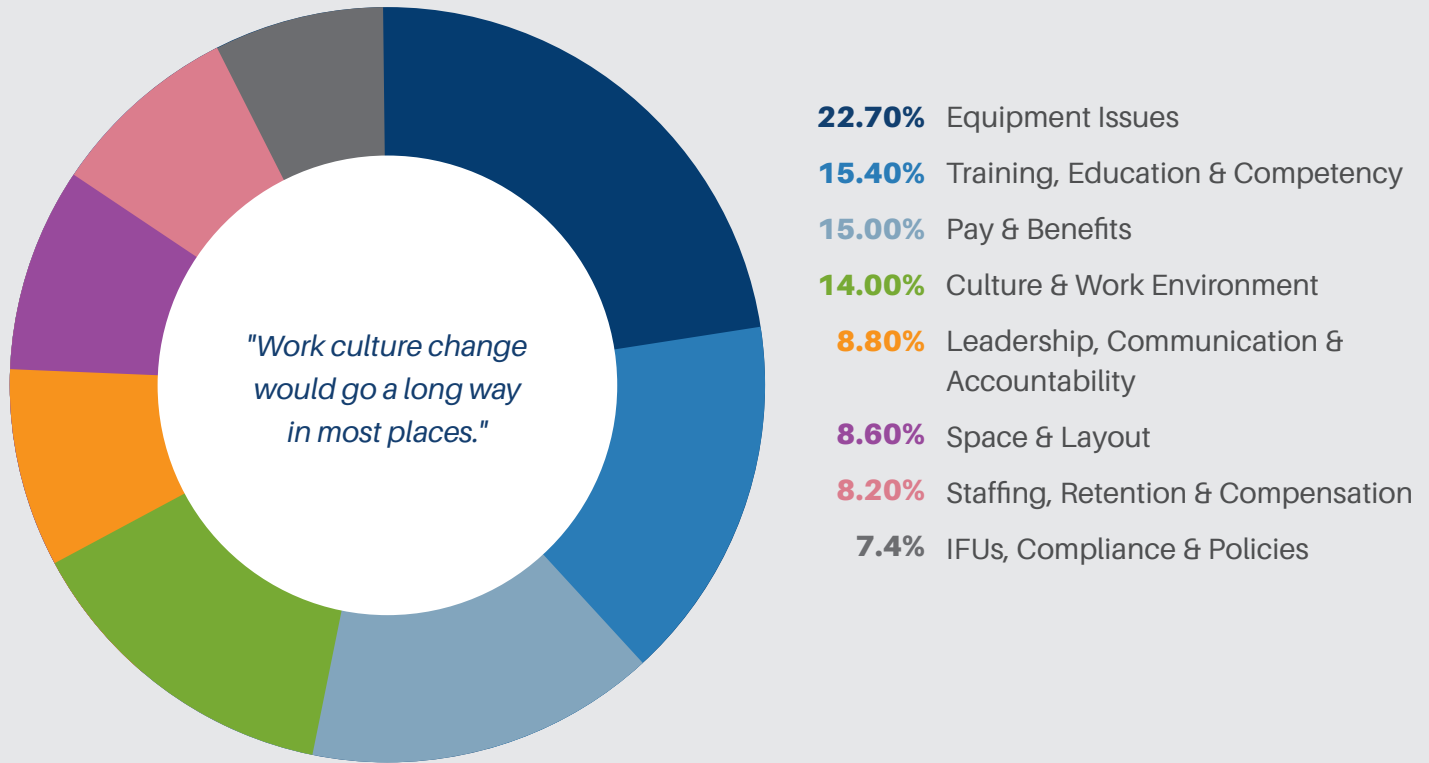
Straightforward asks to follow policies/IFUs consistently. This was considered a "just do it" problem by participants, and that lack of adherence was an avoidable mistake.

ACTIONABLE INSIGHT

Roughly 15% of the responses regarding communication, teamwork & management support were written with a frustrated or negative sentiment, the highest percentage of any category. Interestingly, about 13% of responses in this category were written with a positive and optimistic sentiment; the highest percentage of positive sentiment of any category.

This indicates the Communication, Teamwork & Management Support are important components that mean quite a bit to those concerned with them.

Most important problems for departments to solve



Equipment issues were top of mind for just shy of a quarter of participants, but in varying ways. Collectively, these responses fell under equipment issues, but the equipment issues ranged from aging equipment, inadequate equipment, and lack of equipment and tools. Borescopes and visualization technologies were a key point of consideration for some participants, citing that the lack of them in their department creates consistent compliance challenges. While other equipment-related responses pointed to leaking sinks, discomfort and poor ergonomics, among other challenges.

One consistent sentiment related to equipment challenges was that participants just want to be given the tools needed to do their job, and do it well.










NEGATIVE SENTIMENT

It's clear that when it comes to culture, when it rains, it pours. **9.68% of participants that considered Culture and Work Environment** the most important problem for departments to solve did so with a negative or frustrated sentiment. This likely means that issues related to Culture and Work Environment carry a heavier weight than other problems in the mind of SPD teams, and may lead to other, cascading challenges.

"Work culture is imperative to a functional department and lessening deficiencies."

"Work culture - because when your team feels safe and happy, they are able to focus on what they need to do and give it their all."

Departmental Ratings

	Average rating	Rated as excellent (10/10)	Rated as poor (1/10)
 ERGONOMICS & TECHNICIAN COMFORT	6.3	9.73%	3.65%
 WORK ENVIRONMENT	6.5	10.46%	4.56%
 CULTURE	6.0	9.57%	5.78%
 LEADERSHIP	6.7	17.63%	5.93%
 TECHNOLOGY	6.4	11.09%	3.19%
 WORKFLOW & PROCESSES	6.5	10.94%	3.04%
 TRAINING & EDUCATION	6.0	10.17%	6.53%
 COMPLIANCE	6.9	18.84%	2.58%
 VISUAL INSPECTION	6.7	15.05%	1.98%

Education – Tools & Resources

We asked participants to share which tools and resources they commonly use for education, networking, and training relative to SPD. Participants were able to select all that applied to them.

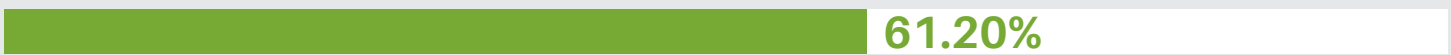
In-services



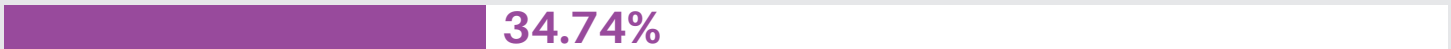
Vendor resources, such as online CE programs



HSPA resources



Publications such as PROCESS, HPN, etc.



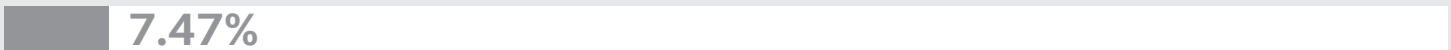
Local chapter events



Social media



Local universities, colleges, or community colleges



In-services, vendor resources, and HSPA continue to be the dominant source of tools and resources for education in sterile processing. Social media’s influence on education grew over the last year since 2024’s Sterile Processing State of the Industry Report, jumping nearly 4%.

Honorable mentions:

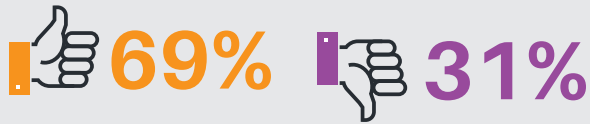
- Other technicians and personal networks
- Industry resources, such as ANSI/AAMI, the CDC, WHO, and NIH
- Podcasts
- Self-guided studying & research
- Videos

“Conversations with fellow coworkers about aspects of SPD they are passionate about and have done their own research on.”



Education – Emphasis & Influence

DOES YOUR DEPARTMENT PUT A STRONG EMPHASIS ON EDUCATION?



EDUCATION INFLUENCER VS TRAINING & EDUCATION RATINGS

We also merged responses from the Departmental Ratings section of the report and compared them against who participants identified as the most influential person in their department relative to education.



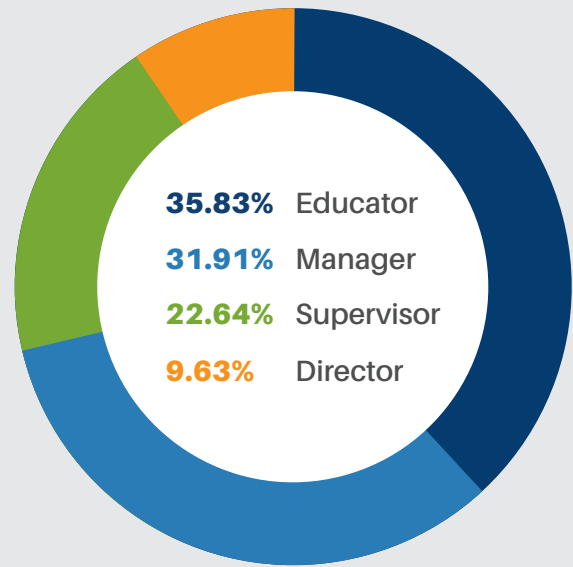
When a dedicated Educator drives the program, training quality is rated better than when it’s squeezed into a Supervisor/Manager role.

- Training is strongly tied to Compliance.
- Training & Education and Compliance move together: strong positive correlation.
- When training scores are higher, policies/IFUs are followed more consistently.

KEY FINDING: Who owns education in a department matters.

Participants that identified an educator as the most influential person regarding education consistently scored their department’s training & education higher than other participants.

We asked participants who has the most influence on training & education in their department. They were given four options, Director, Manager, Educator, and Supervisor. They were also given a text box to share other education influencers in their department.



WHY THIS MATTERS FOR SPD

Dedicated ownership wins: Educators bring focus: structured content, protected time, competency tracking. That shows up in better training scores.

Training lifts compliance: Because these two rise together, improving training is likely to improve audits, IFU adherence, and consistency at sinks/assembly.

EDUCATION ACTION ITEMS

NAME AN OWNER: put a dedicated Educator (or educator time) in charge of the curriculum and competencies.

PROTECT THE TIME: schedule regular micro in-services (e.g., 30-45 min monthly) and track completions.

TIE TO COMPLIANCE: link each mini-module to specific IFUs/SOPs and verify with quick checks.

SHOW RESULTS: share a simple “you said > we did” list to keep your team informed of changes and actionable feedback

Education – Preferences

We asked participants what types of training and educational opportunities they thought would be most advantageous for them and their department and provided a text box for open-ended responses. A number of key trends emerged from the responses:

15.9%

Vendor in-services & new device onboarding

13.1%

Hands-on skills labs & assembly mastery

Instrument ID, assembly practice, visual inspection/borescope use

8.3%

Certification & credential prep

Certification exam prep, study groups, resources, dedicated time

7.2%

Dedicated educator or precept program

Some facilities are sharing educators between SPD/OR, which are primarily OR-focused. Lack knowledge in SPD | Standardization of precepting programs, higher pay for preceptors

6.6%

Safety & infection prevention

5.5%

Establishing regular huddles/trainings (weekly/monthly):

KEY TAKEAWAYS

- Participants that focused on how to improve an existing education program or ways to build skills toward career pathways tended to rate their department's Training & Education higher. This may indicate that in departments with mature education & training programs, teams begin looking for other ways to grow themselves and enhance their departments through education.
- People want hands-on, in-person training and education. They want to touch, feel, and manipulate instruments and ask questions to a real person.
- "Back to basics" showed up throughout the responses, applied to a wide array of training types and topics. This seems to indicate that participants believe taking a ground-up approach to education and training makes the most sense.

"Everyone should know how to do the same tasks and have the same expectations. Often, a select few can do it all. It creates issues when they are not available. Some don't want to learn it all and the ones who do, don't always get the option."

"Continuing education focused on new technologies and regulations, and hands-on training in areas like instrument processing, sterilization, and infection control."

"Classes, mandatory webinars, required certifications, conferences, chapter meetings, seminars, in-services, motivational speakers, Patient speakers who have been effected by surgical site infections."

"Equipment maintenance training/education would be most advantageous for any department as the vendors for our equipment are facing short-staff issues and response time for repair requests are taking longer."

Working in Sterile Processing

Participants were asked to identify what they think makes a sterile processing department great to work in and were given a text box for free response. Five key themes emerged from the responses. Some responses included more than one overarching theme.



SUPPORTIVE TEAM & CAMARADERIE

Participants signaled that the people one works with is still a primary contributor to creating a workplace that's truly great to work in. While camaraderie was mentioned in many responses, participants put a noteworthy emphasis on the support teammates can offer each other. Teams that aim to help and improve each other are teams that people want to be a part of.



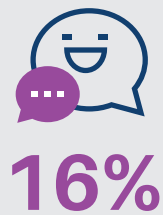
SENSE OF PURPOSE & PRIDE IN PATIENT SAFETY

Similarly, participants explained that teams that understand the important role they play in patient safety and a shared sense of purpose and pride in that endeavor are a major factor in creating a department people want to work in.



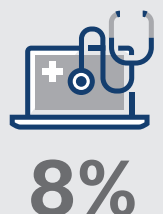
RESPECTFUL, SUPPORTIVE LEADERSHIP

It's not just the people working in the department, however. Those leading and representing sterile processing departments also play a significant role in making a department great to work in. Participants shared that leadership that demonstrates respect towards their SPD team and actively seeks their input to better support them helps to create an ideal scenario that enables a constant feedback loop. These feedback loops help leadership advocate for their departments and continue to improve them.



RESOURCES & RELIABILITY

Participants also cited their appreciation for departments that not only ensure their teams have the tools and materials needed to effectively do their job, but also have processes in place to produce consistent results. One participant put it clearly: "A great sterile processing department has clear structure, standard work, and the resources to do things right every time."

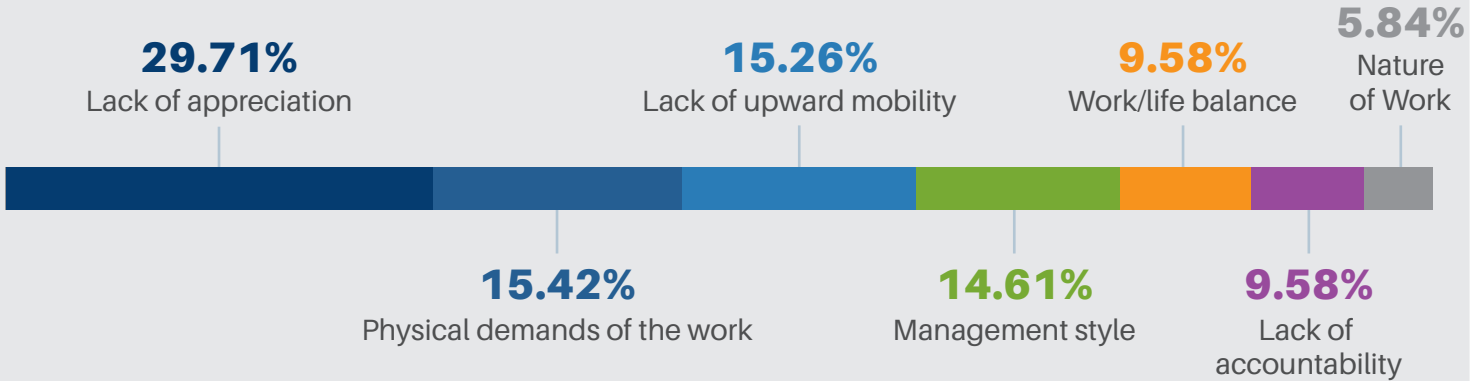


GROWTH, TRAINING & DEVELOPMENT

The opportunity to grow is also a feature of great sterile processing departments. Opportunities to learn, cross-train, build competencies, and advance careers are all desirable traits of a great sterile processing department. These attributes help departments not only hold onto good teams, but build and develop them into the next generation of leaders to help continue improving the department into the future.

Working in Sterile Processing

WHY PEOPLE LEAVE DEPARTMENTS ASIDE FROM COMPENSATION



OTHER REASONS IDENTIFIED BY

Accountability

When accountability is inconsistent or lacking, participants shared that it can drive people out due to perceived unfairness or a misalignment of values relative to patient safety and the sense of purpose they feel in their work.

Cultural Challenges

Poor cultures, or ones with consistent toxicity were identified as a driver of exodus from departments.

Teammates

Just like teammates can be what makes a department great to work in, unpleasant teammates can be the straw that finally causes someone to leave their department.

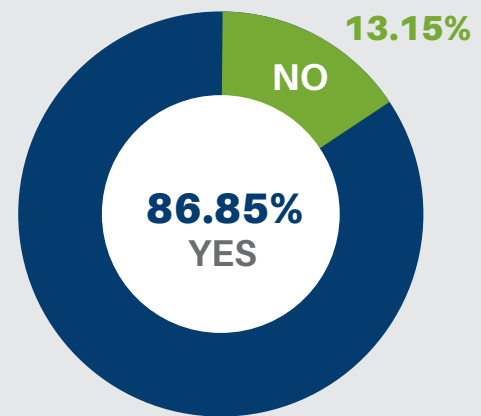
Lack of Respect

Responses citing lack of respect pointed to various forms of it. Lack of respect within teams, from managers, and from the OR were all examples provided by participants.

Staffing Challenges

Departments that have a tough time filling roles have seen the problem compound when existing teammates burnout because the department is understaffed, and subsequently leave themselves.

WOULD YOU RECOMMEND A CAREER IN STERILE PROCESSING?

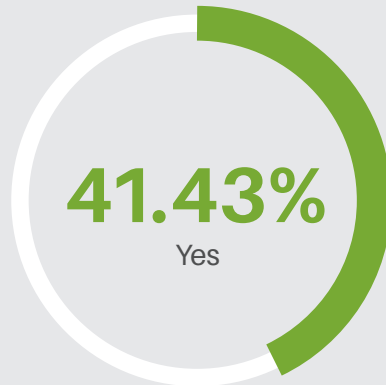


“Long story short, sterile processing saved my life. I love what I do despite having experienced some very terrible bosses and unethical politics. I will still recommend sterile processing because of all its done for me.”

“Sterile Processing is an Excellent Industry, knowing that you are making a difference in a patient's life.”

Injuries in Sterile Processing

Each year, we ask participants if they've been injured in a sterile processing department sometime in their career, as well as where & how they've been injured to help bring awareness to potential safety challenges teams may be unaware of.

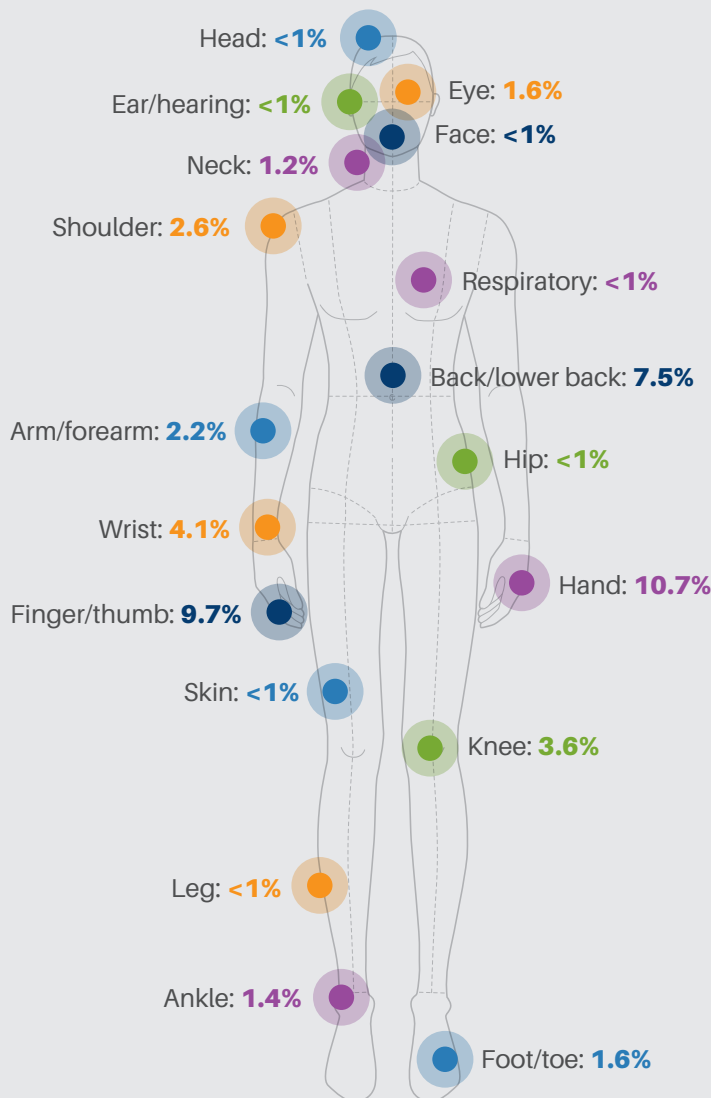


PROMINENT INJURY TYPES BY PERCENTAGE

**Note: not all participants reported injury types*

- 17.4%** Cuts/lacerations (sharps)
- 8.3%** Strains/sprains (lifting/overexertion)
- 5.7%** Burn (heat/steam)
- 3.6%** Slip/trip/fall impact
- 3.2%** Back/neck injuries
- <1%** Fractures/dislocations
- <1%** Repetitive motion injuries
- <1%** Chemical exposure
- <1%** Splash to eyes/face
- <1%** Hearing/noise
- <1%** Respiratory/inhalation

AREAS OF THE BODY INJURED



HOW INJURIES ARE OCCURRING

**Note: not all participants reported mechanism of injury*

- 11.4%** Cleaning/handling sharps
- 7.1%** Lifting/pushing/pulling heavy (trays/carts)
- 4.1%** Hot equipment/steam (sterilizers, hot sets)
- 3.4%** Assembling/set work (counting/stringers, etc.)
- 2.4%** Slip/trip/fall surfaces (wet floors/spills)
- 2.2%** Pinch/crush/doors/drawers
- 1.6%** Equipment malfunction/collision
- 1.6%** Repetitive/overuse
- 1.4%** Chemical/contact (detergents/disinfectants)
- 0.4%** Splash/spray

Record-Keeping & AI Adoption

HOW ARE DEPARTMENTS RECORD-KEEPING IN 2025?



15.22%
Pen & paper



35.58%
Digital



49.2%
Combination

Evolving over time

Compared to 2024, a shift can be seen related to record-keeping and adoption of digital systems. Pen & paper record-keeping dropped by roughly 4% from 2024, while digital rose by just north of 4%. Those reporting a combination of pen & paper and digital methods grew by less than 1%.

These shifts could indicate that there's a stream of departments steadily moving from pen & paper to a combination, and from a combination to exclusively digital.

AI USAGE & ADOPTION IN PARTICIPANTS' DEPARTMENTS

7.85%
Yes

92.15%
No

How departments are using AI

We asked participants to share how they were using AI in their department if they had reported implementing it.

- Tracking system integration
- Inventory management
- Education and content creation
- Inspection technology software
- Smart Monitoring in sterilizers
- Prep & pack
- Analytics/productivity analysis & reporting
- Writing SOWs and SOPs
- Tray assembly
- Task management

The individual

SPD professionals are taking information and data from existing digital systems and running them through AI tools to enhance departmental efficiency & effectiveness by streamlining decision making, generating & analyzing reports and creating educational content for their team.

The vendor

Vendors are identifying ways to formally integrate AI technologies into processes, workflows, and equipment. While these technologies are likely considered to be in an 'emerging' or early-adopter state, it's clear that they're offering enough value to warrant adoption in some departments.

Into the future of sterile processing

We asked participants to identify the challenges they expect to emerge or escalate in importance. They were able to select more than one option in order to reflect every challenge they foresee growing.

Staffing & Retention



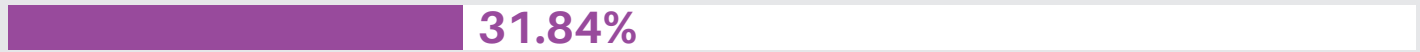
Compliance, Guidelines, and IFUs



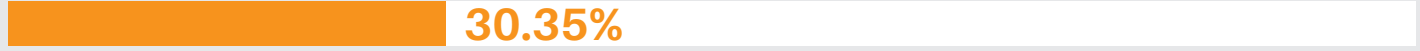
Aging Equipment



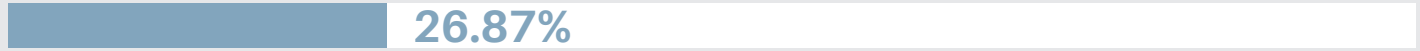
Introduction of artificial intelligence (AI) to healthcare processes



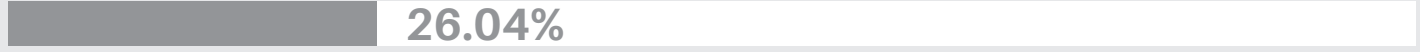
Instrument complexity



Volume



Technology



OTHER CHALLENGES MENTIONED IN FREE RESPONSE INCLUDED:

- Generational change among teams
- Emerging biological threats and effectiveness of combatting them
- Patient-specific instrument traceability
- Mandatory certification
- Failing to scale instrument inventory with volume growth
- Dedicated time for educational activities
- Publicity of noncompliance and closure of facilities
- Water quality
- Cross-departmental knowledge & training



Other thoughts, opinions and ideas participants wanted to share

"I have worked in Sterile Processing for over 35 years. I enjoy making a difference in the department and helping staff gain the knowledge and skills they need to be successful in their job. Mentoring staff to be leaders. "

"The most challenging department to resolve issues with is often the Operating Room. Not because of any one person or group, but because the OR is high-pressure, fast-paced, and relies heavily on sterile processing to function smoothly. Misalignment in priorities, last-minute changes, or incomplete communication can create friction. Resolving this requires building strong relationships, mutual respect, and clear, consistent communication. It's not a quick fix, but when you get it right, the impact on patient care and workflow efficiency is huge."

"There needs to be respect for the role. The department is valued by the broader hospital, not treated as "just the basement." SPD staff are included in meetings, decisions, and celebrations. There's a clear understanding that sterile processing is essential to patient care."

"One major issue we face in SPD is the lack of consistency with manufacturer IFUs. It's truly impossible to follow every IFU from start to finish as the manufacturer has it written. "

"The sterile processing industry is crucial to the overall efficacy of healthcare delivery, as it ensures that surgical instruments and medical devices are properly cleaned, sterilized, and maintained to prevent infections and complications. Professionals in this field must adhere strictly to established protocols and guidelines, such as those set forth by the Association for the Advancement of Medical Instrumentation (AAMI) and the Centers for Disease Control and Prevention (CDC). Continuous education and training are essential to keep pace with evolving technologies and best practices. Facilities must invest in state-of-the-art sterilization equipment and foster a culture of accountability and excellence among staff. By doing so, they not only enhance patient safety but also contribute to the overall efficiency of healthcare operations. Embracing innovation and prioritizing quality assurance will undoubtedly lead to improved outcomes and a more robust sterile processing environment."

"Absolutely love it so far! I only wish that, as with all too many careers these days, the pay was greater to provide a decent living wage."

"Very tough work both physically and mentally but very rewarding. I think sterile processing has become more known and we are better compensated but still lack the appreciation and compensation we deserve. I think there should be more of a push to get us recognized as credentialed professionals- just like surgical techs."

Other thoughts, opinions and ideas participants wanted to share

"I am very passionate about sterile processing. It's more than a job. Without us, the OR would not work we need more support through money and education."

There needs to be an emphasis on years of experience and knowledge base. Not a focus on having a degree with no understanding of running a department."

"I have worked in Sterile Processing for over 35 years. I enjoy making a difference in the department and helping staff gain the knowledge and skills they need to be successful in there job. Mentoring staff to be leaders."

Over the last 20 years, I have noticed great advances in medical accomplishments, but SPD is being held back because it's too costly to move forward with the instrumentation. We are working with outdated, sterilizer, sonics, and washers while the instruments are getting more and more complex to clean."

"The shift towards off-site centralized processing centers is a major emerging theme."

"If you have drive you can succeed in SPD"

"The sterile processing department is the backbone of every surgical program. Without it, the OR cannot function. Yet, despite its critical role in infection prevention and patient safety, the profession often operates behind the scenes with limited recognition. Sterile processing is not just support, it is a specialty. Recognizing it as such is essential to delivering safe, reliable, and high-quality patient care."

"Never truly understood within the organization , we deliver but no one quite notices until there is an issue, despite being a vocal advocate of the service. Frustrating that after 42 yrs within the profession still having the same conversations with every change in senior management."

"Hire well. Superior onboarding and training with return demo competency assessment and leads mentors - GEMBA- SP and OR staff orient-work in the other dept for at least two weeks. True collaboration. Empowered respected accountable team."

"The need for a more engaged upper management is often overlooked, the lack of support from executive leadership is astonishing. I would love to see that changed in the future, I know that's a facility-by-facility basis but I've seen it at the majority of facilities I've worked or surveyed."



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